00 = 1000 ◆1000 ◆1000◆1000◆1000◆1000◆ DECLARATION AND POWER OF ATTORNEY FEB 05 USA/PCT ated below my name. My P.O. (mailing) address is the same as my residence unless otherwise stated. low named invento thereby declare My residence and Charles As a below named invented eoriginal, first and sole/joint inventor(s) of the subject matter that is embraced by and for which a patent is sought on the invention entitled: CATALYZED METHOD FOR FORMING PRODUCTS FROM A LIQUID REACTANT I verily believe I am/we are is attached hereto (_ and the specification of which: was filed on February 28, 2005 as (63611A). (check one) Application No. PCT/US2005/006347 and was amended on I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by I acknowledge my duty under 37 CFR 1.56 to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56(b). If this application is a continuation-in-part application, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 CFR 1.56(b) that became available between the filing date of the prior application from which priority is claimed in part (f) below, and the national or PCT international filing date of this application. I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate listed below or §365(a) of any PCT international application that designated at least one country other than the United States of America listed below, and also identify below any other foreign equivalent application for patent or inventor's certificate or any other equivalent PCT international application having a filing date before that of the application on which priority is claimed: CERTIFIED COPIES INCL. PRIORITY CLAIMED PRIOR FOREIGN APPLICATION(S) Day/Month/Year Filed Country or PCT Number П Additional claims for benefit are attached. (f) I hereby Claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below, or under 35 U.S.C. §120 of any United States application(s), or under § 365(c) of any PCT international application designating the United States of America listed below: Status at Application Filing Date Filing Date US or PCT Appln. Serial No. abandoned February 27, 2004 60/548,386 Additional claims for benefit are attached I hereby appoint the attorney(s) and/or agent(s) at the following Customer No. to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Address all correspondence to appointed counsel at: 00109 This appointment, including the right to delegate this appointment, shall also apply to the same extent it is applicable under the laws of the United States of America to any proceedings established by the Patent Cooperation Treaty. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon Inventor(s): At: Midland, Michigan 48674, USA 20 this 24 day of Signature: Signature Sten A. Wallin Full Name: Michiel T. Kreutzer Full Name 1917 Plymouth Street Residence: Stadhoudersweg 33 Midland, Michigan 48642 Residence 3038 ED Rotterdam United States of America Country: The Netherlands United States of America Country: Citizenship: The Netherlands Citizenship: Same as Residence P. O. Address: Same as Residence P. O. Address: 2005 this 24 day of Signature Signature: Moulijp. Full Name: reek Kapteijn

Full Name:

Residence:

Country:

Citizenship

P. O. Address:

peulderbos 58

The Netherlands

The Netherlands

Same as Residence

1447 TK Purmerend

Additional names and signatures are attached.

ddress:

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Country

Citize.

Sweelinckstraat 144

17 AB's Gravenhage

The Netherlands

The Netherlands

Same as Residence

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			LARATION AND POW	ER OF ATTORNE	Y USA/PCT		
(a)	I verily believe I ar	dence unless otherwise stated. by and for which a patent is QUID REACTANT					
(c)	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.						
	I acknowledge my duty under 37 CFR 1.56 to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56(b). If this application is a continuation-in-part application, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 CFR 1.56(b) that became available between the filing date of the prior application from which priority is claimed in part (f) below, and the national or PCT international filing date of this application. I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's						
	America listed belo	ow, and also identif	any PCT international application that de Ty below any other foreign equivalent applion having a filing date before that of the	plication for patent or inventor's	certificate or any other		
			N APPLICATION(S)	PRIORITY CLAIMED	CERTIFIED COPIES INCI		
	Number Additional els	Country or					
		oplication(s), or uno	S.C. §119(e) of any United States provis der § 365(c) of any PCT international ap Filing Date February 27, 2004		States of America listed on Filing Date		
					•		
	I hereby appoint th		e attached. r agent(s) at the following Customer No. ed therewith. Address all correspondence		d to transact all business in the		
			00109				
			ate this appointment, shall also apply to Patent Cooperation Treaty.	the same extent it is applicable	under the laws of the United Sta		
ue; ar	nd further that these onment, or both und	statements are mad	n of my own knowledge are true and that e with the knowledge that willful false st I and that such willful false statements n	tatements and the like so made a	are punishable by fine or		

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	Inventor(s):						
	At:			At: Midland, Michigan 48674, USA			
				this Daday of January, 2007 Signature: Hand. Wall.			
	Full Name:	Michiel T. Kreutzer		Full Name:	Sten A. Wallin		
	Residence:	Stadhoudersweg 33		Residence:	1917 Plymouth Street		
		3038 ED Rotterdam			Midland, Michigan 48642		
	Country:	The Netherlands		Country:	United States of America		
	Citizenship:	The Netherlands		Citizenship:	United States of America		
	P. O. Address:	Same as Residence		P. O. Address:	Same as Residence		
	At: day of, 20			At: day of		, 20	
	Signature: Full Name:	Jacob A. Moulijn		Signature:			
	Residence:	12e Sweelinckstraat 144		Full Name:			
	Residence.	2517 HB's Gravenhage		Residence:	Speulderbos 58		
	Country:	The Netherlands		Residence.	1447 TK Purmerend		
	Citizenship:	The Netherlands		Country:	The Netherlands		
	P. O. Address:			Citizenship:	The Netherlands		
				P. O. Address:	Same as Residence		
	Additional names and s	ignatures are attached.					

Page two of two

Docket Ref.: <u>63611A</u>

Additional names, addresses and signatures to be attached to Form No. 1000 Entitled: DECLARATION AND POWER OF ATTORNEY

At: Delft, Julianalaan 136, 2628 BL this 15 day of January, 2007	At: Delft the Netherlands this 15 day of January , 2069
Signature: Full Name: Raven M. de Lathouder Residence: Troelstrakade 801 City, State, Zip: 2531 AT's Gravenhage Country: The Netherlands Citizenship: The Netherlands P. O. Address: Same as Residence	Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:
At: this, 20	At: day of, 20
Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:	Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:
At:	At: day of, 20
Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:	Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:
At: day of, 20	At: day of
Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address:	Signature: Full Name: Residence: City, State, Zip: Country: Citizenship: P. O. Address: